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Monday, 19 September 2011, 3 p.m.
New York

President: Mr. Al-Nasser ..... (Qatar)

In the absence of the President, Ms. Kamara (Liberia), Vice-President, took the Chair.

The meeting was called to order at 3.10 p.m.

High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases

Agenda item 117 (*continued*)

Follow-up to the outcome of the Millennium Summit

The Acting President: I now give the floor to His Excellency Mr. Jorge Venegas, Minister for Public Health of Uruguay.

Mr. Venegas (Uruguay) (*spoke in Spanish*): It is my honour to participate in this High-level Meeting on Non-communicable Diseases on behalf of the countries members of the Union of South American Nations (UNASUR).

In its brief lifespan, UNASUR has provided an excellent forum for our Ministers of Health to discuss our problems and propose regional solutions to them, building a shared community of interests and concerns.

We therefore endorse the statement to be delivered by the representative of Argentina in his capacity as Chairman of the Group of 77 and China, because we are convinced that chronic, non-communicable diseases (NCDs) represent a global epidemic that is responsible for much of the morbidity and mortality in our countries and for the consequent drain on our financial resources.

Concerned about risk factors and determinants of health, UNASUR has established a technical group with competencies in these areas and in the promotion of health. Its goal is to promote joint regional efforts to tackle problems such as the epidemics of overweight and obesity, diabetes, high blood pressure and high cholesterol.

UNASUR countries are watching with concern this globalization-related process whereby unhealthy lifestyles have become increasingly common. The growing urbanization of our countries is a deterrent to physical activity, exacerbated by, on the one hand, increased exposure to television, video games and computers, and on the other the widespread consumption of unhealthy fast foods, which together give rise to an increased incidence of overweight and obesity as well as of diabetes at younger and younger ages.

All UNASUR countries are committed to combating poverty. Poverty is exacerbated, however, by the suffering related to an NCD. Medications are of vital importance for those who suffer from these diseases. However, large numbers of people throughout the world, particularly in the less developed countries, have no access, or only unreliable access, to such medications.

We in UNASUR have been working very hard to ensure access by all citizens to medicines, as we deem these to be a public good and believe that access to them is a sine qua non for the enjoyment of the right to health. We place health above any trade interests. We

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are therefore striving to make use of the existing flexibilities in the Trade-Related Aspects of Intellectual Property Rights Agreement, as confirmed by the Doha Declaration of 2001. We participated actively in the process of the adoption by the World Health Organization (WHO) of the global strategy and plan of action on public health, innovation and intellectual property, with a view to enhancing universal access to medicines without any limitation or restriction to specific diseases.

We believe that if we are effectively to combat NCDs, States must play a leading role in terms of providing coordination among all sectors and devising promotional and regulatory measures. The Framework Convention on Tobacco Control has provided us with valuable lessons. It is thus necessary to replicate these by promoting healthy environments aimed at increasing levels of physical activity; reducing sodium, sugar and saturated fat intake, and eliminating trans-fats in processed food; increasing the consumption of fruits and vegetables; reducing calorie intake; providing more information to consumers; protecting children from advertisements touting unhealthy food and drink; and reduce harmful alcohol consumption by means of effective public policies to minimize access to it.

As we stated earlier, there exist important tools in that respect, including the WHO Framework Convention on Tobacco Control of 2003; the WHO Global Strategy on Diet, Physical Activity and Health of 2004; and the WHO Global Strategy to Reduce the Harmful Use of Alcohol of 2010.

The Millennium Development Goals have made it clear that when clear, delimited and easy-to-communicate goals are formulated, it becomes easier to build alliances and develop frameworks for cooperation suitable to producing concrete results in terms of health. Hence we welcome the holding of this High-level Meeting, because we believe it is key that we should agree upon clear objectives and concrete goals at the global, regional and national levels in the area of chronic NCDs, such as the follow-up and evaluation of the Political Declaration (resolution 66/2, annex) adopted at this High-level Meeting.

The Acting President: I now give the floor to His Excellency Mr. Marty Natalegawa, Minister for Foreign Affairs of Indonesia.

Mr. Natalegawa (Indonesia): I am honoured to participate in this important High-level Meeting on behalf of His Excellency Mr. Susilo Bambang Yudhoyono, President of Indonesia, who is also the current Chair of the Association of Southeast Asian Nations (ASEAN).

Today we are addressing a grievous global concern: the prevention and control of non-communicable diseases. This is an issue that has a strong impact not only on national development gains but also on the human right to life. We therefore wish to thank the Secretary-General for providing us with an enlightening report (A/66/83) on this issue.

First of all, on behalf of ASEAN, let me present our regional perspective on the matter at hand.

For ASEAN member States, non-communicable diseases are a major challenge that compounds the deadly impact of communicable diseases. A 2010 report by the World Health Organization (WHO) showed that non-communicable diseases caused some 36.1 million deaths in 2008. Eighty per cent of these deaths were caused by four main non-communicable diseases. And low to middle income families suffered 80 per cent of these deaths.

According to WHO, NCDs-related deaths will increase by 17 per cent over the next decade. Among ASEAN communities, deaths due to NCDs can increase from the current 2.6 million to 4.2 million people.

At the global level, NCDs are affecting mostly working-age adults, thereby eroding the most productive generation in the world today and thus reducing the gross domestic product of low- to middle-income countries by as much as 5 per cent. This is one reason why poverty is so widespread and why many countries suffered in backwardness.

Hence, we in ASEAN are working hard and in concert to address this grave challenge. In our view, prevention is the key to resolving the problem. Prevention is and will always be our priority. We are therefore carrying out four major prevention strategies.

First and foremost, we in ASEAN are strengthening our health systems and infrastructures. These efforts include mainstreaming NCD prevention and control alongside efforts to prevent and control infectious disease in national development programmes, and enhancing operations in health

facilities from the lowest to the highest levels. They include raising the capabilities of human resources for medical care and developing effective referral systems.

We are also improving our surveillance systems of the diseases and the modifiable risk factors. We are working towards universal health coverage and providing service packages that cater to the needs of people with chronic NCDs. In brief, we must have a comprehensive health system and infrastructure for addressing NCDs. This is not an option; it is an imperative.

Secondly, we are strengthening our national health policies and accelerating programmes for tobacco control. We will not be content only with passing laws that heavily tax cigarettes; we will also consider using the revenues derived from sin taxes to support NCDs prevention. We will continue to promote a smoke-free environment in order to protect our people from secondary smoke. We are aligning national policies on agriculture, trade, industry and transport to improve diets, encourage physical exercise and reduce harmful alcohol use. We are implementing community-based intervention for early detection of factors of major NCDs.

Thirdly, we are strengthening partnerships for health. The need for international cooperation for public health cannot be overemphasized. Although the Millennium Development Goals do not include targets for the reduction of NCDs, individual efforts by ASEAN member States warrant complementary coordinated support from our partners. We appeal to our international partners to fund and align NCD prevention and control efforts with their other development programmes, such as those of the MDGs and climate change programmes.

We urge our development partners to fund research on the unique public health problems of our region. We call on the international community to help us ensure that essential pharmaceutical products and medical devices are available to the region. This will help avert the devastating socio-economic impact of NCDs on our societies.

In short, partnership among countries is a must among developed and developing countries and at the global, regional and bilateral levels.

Last but not least, we are ensuring the involvement of all stakeholders. To effectively respond to the challenges posed by NCDs, we must enlist their participation. ASEAN is therefore committed to implementing a whole-of-government, people-centred approach involving civil society, the private sector and community organizations.

By taking these steps, we in ASEAN are confident that we will be able to contribute significantly to the global reduction of the NCD death rate in this decade.

At the national level, Indonesia is grappling with the double threat of communicable and non-communicable diseases. The impact of NCDs is affecting not only the urban populations but also the rural poor. This is compounding the basic problem of poverty.

To address this challenge, in 2006 we established a special unit in the Ministry of Health and tasked it with advocating NCDs control and strengthening the legal framework for that. We have also given priority to minimizing the common risk factors: tobacco use, alcohol abuse, unhealthy diet and physical inactivity. We are now simplifying and increasing taxes on tobacco to control the consumption of this deadly commodity.

Indonesia also is committed to implementing the 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases. To support global efforts to address NCDs, Indonesia hosted a Regional Meeting on Health and Development Challenges of NCDs in Jakarta in March 2011.

The scale and virulence of non-communicable diseases require unprecedented political commitment at the highest political levels to address this global issue. That commitment must therefore be incorporated into the global agenda of the international community. That is why we are holding this high-level meeting.

Let us not waste this opportunity. Let us seize this moment to secure global commitment for a coordinated response to this challenge. That means mobilizing resources and building a genuine global partnership. These should be clearly stated in the Political Declaration adopted in this meeting (resolution 66/2, annex).

Finally, we call on the international community to include progress in the fight against NCDs as a component of the MDG-Plus beyond 2015.

The Acting President: I now give the floor to His Excellency Mr. Chen Zhu, Minister for Health of China.

Mr. Chen Zhu (China) (*spoke in Chinese*): On behalf of the Chinese Government, I would like to extend my deep appreciation to the General Assembly for its vision and political will to convene the High-level Meeting on Non-communicable Diseases (NCDs). I also wish to extend my appreciation to the President of the Assembly for his outstanding work in organizing this successful meeting.

Today, globalization has led to an unprecedented level of interdependence among countries and interwoven interests. Health factors and social determinants for NCDs exist in every country. Therefore, the prevention and control of NCDs are an inevitable option for our common interests and the pathway to health that leads to the common development of all mankind.

Member States should take advantage of this High-level Meeting to build consensus, adopt scientific and effective measures for prevention and treatment and actively respond to the challenge of NCDs. To that end, I would like to make three proposals.

First, we should strengthen our own national health systems and integrate the health agenda into all policy-making processes. Governments should attach as much importance to health as to economic development. In particular, NCD prevention and treatment should be made a priority of national development strategies. Governments should play a leading role to create a supportive environment with favourable policies, increase financial input, establish multisectoral cooperation and coordination mechanisms and mobilize all sectors of society to participate in preventing and treating NCDs.

Secondly, we should enhance international collaboration and achieve mutual complementarity. Through mechanisms such as South-South cooperation and the Brazil, Russia, India, China and South Africa (BRICS) framework, developing countries should scale up their technological exchanges and sharing of experience. We should continue to promote North-South dialogue in order to expand technology transfer and financial support from developed economies to the developing world, according to the needs of the recipient countries.

The World Health Organization (WHO) should play a leading role in health governance in order to promote balanced development of the global health system and to continue to build capacity for NCD prevention and control.

Thirdly, we need coordinated intervention and a stronger global consensus. The international community must firmly implement the Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases. We should embrace concepts such as a healthy life expectancy, as well as other more specific, measurable and universally applicable goals and indicators for NCD prevention and control and incorporate them into the Human Development Index. We should continue to push for including NCD prevention and control as an indicator in the Millennium Development Goals.

China is home to about one fifth of the world's population. NCDs have become the number-one threat to the health of the Chinese people. They currently affect more than 260 million Chinese, accounting for 85 per cent of deaths and 69 per cent of the country's disease burden. Any rapid increase in NCDs will lead to a shrinking labour supply, an eroding quality of life and a growing socio-economic burden. NCDs have become an enormous potential obstacle to China's economic and social development, and we should lose no time in preventing and controlling such diseases.

The Chinese Government is pursuing a comprehensive, coordinated and sustainable concept of scientific development, whose core is putting people first. The Government has announced that one of the core targets of its twelfth five-year plan for national economic and social development is to increase Chinese average life expectancy by one year. Effective prevention and treatment of NCDs is a key measure in this regard.

The focus of China's ongoing health-care reform is on achieving universal basic health coverage for the country's 1.3 billion people. The Government will increase investment in the health sector, give priority to public health and basic medical services, and reprioritize the allocation of health resources in order to help integrate disease prevention with treatment.

Currently, China is forging ahead with the "Healthy City" drive throughout the country, and more and more local Governments have included health promotion in their development strategies. Applying

information and communications technology in the health sector, in areas such as the electronic personal health profile project, will enhance the robustness and efficiency of the management of NCDS such as hypertension and diabetes and of health care for the elderly, both of which are being extensively delivered as part of basic public health services in both urban and rural areas in China.

Meanwhile, the Chinese Government actively participates in international exchanges and cooperation for NCD prevention and control. It is working to promote the achievement of global initiatives within the framework of the United Nations and WHO. Through cooperation mechanisms such as BRICS health ministers' meetings and by maintaining its long-standing practice of sending medical teams to developing countries, China continues to explore new ways of cooperating internationally in the area of prevention and control of NCDs. China spares no effort in providing medical assistance to the developing world, within the scope of its capacity.

The Acting President: I now give the floor to Her Excellency Ms. Kathleen Sebelius, Secretary for Health and Human Services of the United States of America.

Ms. Sebelius (United States of America): I am honoured to represent the United States today at this very important meeting.

For many years, the international community has joined forces to battle infectious diseases. Working together, we have reduced the devastating toll taken by illnesses such as malaria and HIV/AIDS. While much work remains to be done, we have shown that when the nations of the world come together, we can achieve great improvements in health.

Today, we are here to discuss how we can marshal the same international commitment and collaboration to confront chronic diseases, which are a growing burden for the United States — where they account for 7 out of every 10 deaths — and for so many other countries around the world.

Under President Obama, the United States has made taking on chronic disease a major focus. Last week, for example, we announced a new initiative to prevent one million heart attacks and strokes over the next five years. And our First Lady, Michelle Obama, is leading a national effort to end childhood obesity in a generation.

We have also made chronic disease a focus in our research and global health programmes. Later this week, along with other public and private partners, we will be announcing a major new Clinton Global Initiative Commitment to help promote smoke-free workplaces around the world. We are also launching a global public-private partnership to support tobacco-cessation efforts, using mobile phone technologies that are now widely available in middle- and low-income countries.

These partnerships reflect our belief that in order to turn the tide on chronic disease, we must recruit partners from outside government and outside the health sector. To stay healthy, people need more than high-quality care. They also need clean air and water, nutritious, affordable food and healthy living spaces. We need to work with partners who can help us achieve those goals.

In the years to come, we must maintain our focus on chronic disease, even as we also continue our work to reduce the toll of infectious disease around the world. The United States welcomes the opportunity today to learn from the public health efforts of our neighbours around the globe and to ask what steps we can take together to reduce the burden of chronic disease on all the people of the world.

The Acting President: I now give the floor to His Excellency Mr. Mohammad Hossein Niknam, Acting Minister of Health and Medical Education of the Islamic Republic of Iran.

Mr. Niknam (Islamic Republic of Iran): This timely high-level event provides us with an ideal platform for sharing views, information, ideas and experiences, for coming up with proposals for remedies and for forging effective collaborative partnerships in the implementation of realistic but effective health development programmes in common areas of concern relating to non-communicable diseases (NCDs).

NCDs have traditionally been more prevalent in affluent societies. However, they are becoming increasingly common in many developing countries, in particular among less affluent groups. The Eastern Mediterranean region, like others, is suffering a heavy burden of NCDs, and Iran is no exception. The total burden of disease for NCDs in Iran is 45 per cent for

men and 33 per cent for women. Being overweight, obesity, arterial hypertension, inadequate physical activity and hypercholesterolemia are seen to be the greatest risk factors.

Taking into account this situation and through the National Millennium Development Goals Master Plan and the fifth National Development Plan, Iran is implementing a series of programmes and initiatives aimed at reducing the burden of NCDs. Among these programmes, I would like to mention the prevention and control of common NCD risk factors, the imposition of taxes to curtail unhealthy habits such as tobacco consumption, the execution of mass public information and educational campaigns, fostering food industry regulations, and the screening of blood pressure levels and glucosemia.

The Non-Communicable Diseases Risk Factors Surveillance System was introduced in 2004 and has led to the completion of six large-scale surveillance surveys. Further, comprehensive cumulative national data has been compiled, based on age, sex and location, to facilitate the effective monitoring and implementation of policies geared towards the control and prevention of NCDs.

The integrated NCD control and prevention programmes comprise a series of measures that are being implemented. Among them, the following are noteworthy. The cardiovascular diseases control programme focuses on reaching out to rural areas and the myocardial infarction registry. The national cancer control programme has a special focus on colorectal and breast cancers. The diabetes control and prevention programme targets both rural and urban areas. The national newborn congenital hypothyroidism screening programme has coverage of more than 90 per cent. The tobacco control programme is a major focus of Iran's health policy. The control and prevention of nutritional deficiencies promotes iodization and fortification programmes focused on promotion of physical activities. There is also a genetic control programme, an asthma and allergy control programme and, last but not least, an osteoporosis care plan.

I would like to conclude my remarks by mentioning that, as a sign of its commitment to promoting regional and international cooperation, on 25 and 26 October 2010 the Islamic Republic of Iran hosted in Tehran the first regional meeting of a series of World Health Organization regional consultations on the prevention and control of NCDs. In our view, only through closer and meaningful collaboration at all levels, especially in such areas as legislation, resource mobilization and information- and knowledge-sharing, will we succeed in our endeavour to prevent and combat NCDs.

The Acting President: I now give the floor to His Excellency Mr. Andrew Lansley, Minister for Health of the United Kingdom.

Mr. Lansley (United Kingdom): More than half a century ago, our predecessors came together to tackle the greatest health challenges of their day — infectious diseases. In subsequent decades, their collective and sustained actions saved the lives of millions. Our efforts to combat infections like malaria and HIV must go on, but today we also face the new challenges of non-communicable diseases (NCDs).

Increasing and yet often avoidable, NCDs were previously thought of as diseases of relative affluence. In societies in which development brings opportunity, they can disproportionately affect the poorest in our societies and kill millions of people every year. As development brings change, lifestyles change too, as does the burden of disease, exposing people to environments and pressures that dramatically change disease prevalence. The human burden of disease is great and the economic burden of non-communicable diseases equally so, and it threatens to overwhelm the capacity of our health-care systems.

We need to act with boldness and determination to improve environments, lifestyles and choices. Promoting better health and the prevention of NCDs can no longer be seen as solely the responsibility of our health departments. We need a whole-of-Government approach based on an understanding that, if we are to reduce the burden of these diseases, we must tackle the social determinants of health and reduce health inequalities.

Aligning the objectives and actions of all parts of national and local Government and all health-care providers behind a simple set of measurable outcomes — that is what we are doing in England. We have developed a single outcomes framework that places the emphasis on prevention, improves the environment within which we live to make it healthier, gives health-care professionals and local communities the freedom and resources to achieve these outcomes, and empowers individuals to take charge of their own

health with a life-course approach to supporting them in those decisions, which also brings all parts of civil society together, including industry, to promote healthier lives.

While regulation and taxation both play important roles — the United Kingdom's effective control of smoking and tobacco being an obvious example — in a free society we cannot just legislate these problems away. The Elimination of Obesity Act 2011 does not and will not exist.

We need to engage with people and businesses. In addition to being part of the problem, the food and drinks industry can be part of the solution. In England, under voluntary agreements food producers are eliminating artificial trans-fats and reducing the levels of salt in their food. Drinks companies are reducing the amount of alcohol and restaurants are publishing the number of calories. We have more plans, and more ambitious plans, ahead. Making the healthy choice should not only be the right choice; it should be a positive choice, an easy choice, and even a fun choice.

You cannot inoculate against alcoholism. There is no jab to prevent obesity. There is no silver bullet to stop people smoking. But with an emphasis on prevention, physical activity and personal and corporate responsibility, and with unified Government action, we can make a big difference.

I hope that, in decades to come, our successors will look back and see that now was when the tide began to turn. With progress and development came not only opportunity and increased life expectancy, but healthy life expectancy — not just adding years to our lives, but life to our years.

The Acting President: I now give the floor to His Excellency Mr. Djamal Ould Abbes, Minister for Health, Population and Hospital Reform of Algeria.

Mr. Ould Abbes (Algeria) (*spoke in French*): At the outset, I wish to convey the warm greetings of Mr. Abdelaziz Bouteflika, President of the Republic of Algeria, who had the honour to preside over the General Assembly in 1974. It is an honour for me to participate in the Assembly's work during the High-level Meeting on the Prevention and Control of Non-communicable Diseases.

In that regard, I would like to thank the General Assembly and the Secretary-General for having convened this summit to develop and implement a global plan of action for the prevention and control of non-communicable diseases (NCDs), in the wake of the First Global Conference on Healthy Lifestyles and Non-communicable Disease Control, held in Moscow on 28 and 29 April, and other regional ministerial conferences held under the auspices of the World Health Organization (WHO).

This summit is of great importance in the light of the significant increase in the incidence of such diseases in our countries and their considerable impact on the costs to national health systems, especially in countries of the South, as well as the challenges they present to equitable access to care, especially among the poorest and most disenfranchised populations. I will not repeat what has been said by previous speakers about the statistics; we all know them. I will, rather, come directly to two points.

My first point concerns my country, Algeria, where non-communicable diseases affect 10 per cent of the general population and 51 per cent of people over 60 years of age. Hypertension and diabetes alone affect 44 per cent of that age group, among whom 30 per cent are afflicted with at least one of the diseases and 50 per cent require long-term medication. Out of 100,000 persons, 104 have cancer. Of all deaths, non-communicable diseases account for 58.6 per cent, compared with 22.7 per cent from communicable diseases and 10 per cent from injury, violence or accident. Cardiovascular diseases cause the most deaths, at 44 per cent, followed by cancer at 16 per cent, respiratory illness at 7.6 per cent and diabetes at 7.4 per cent.

In 2003, the Algerian Government set up a programme to fight non-communicable diseases in an integrated and multisectoral way, engaging as well interest groups and civil society. Algeria follows the World Health Organization step-wise regional strategy for Africa concerning health risk factors and indicators. To fight tobacco use, Algeria ratified and put into force the WHO Framework Convention on Tobacco Control in 2007. Algeria has integrated the fight against NCDs in our national development plan, specifically as regards the health sector, which has entailed significant reforms. Algeria has also increased health-care funding, which now stands at 8 per cent of gross domestic product — which in 2010 amounted to more than $200 per capita. Algeria recently established an innovative permanent funding mechanism, reflected in the 2011-2012 budget, to finance a special fund to fight cancer, and imposed taxes on toxic substances such as

tobacco, alcohol and soda. Algeria has launched a sweeping funding plan to strengthen capacity in the health-care system, providing infrastructure and equipment and increasing human resources.

To control cancer, which is a global tragedy, Algeria currently operates six treatment centres, to be expanded to 22 in 2014, with the acquisition of 57 of the latest generation radiation therapy linear accelerators. We have also set up 72 welcome centres for the care of cancer victims, all of them equipped to provide chemotherapy. In the matter of anti-cancer drugs, we took urgent action to provide the funding to prevent any interruption of treatment. All anti-cancer drugs are provided free of charge to any Algerian citizen.

Algeria subscribes to the outcomes of the Moscow world ministerial conference of ministers of health and the Brazzaville regional conference, both of which identified NCDs as a challenge of the highest priority. Algeria also agrees with the proposal to include non-communicable diseases in future Millennium Development Goals. Along those lines, we believe that the problem of access to drugs to combat non-communicable diseases should be directly addressed, and that innovative mechanisms should be created to ensure such access, especially in developing countries.

To that end, we strongly recommend the establishment of a global fund for NCDs, especially for cancer. The international community must mobilize to aid growth in the poorest countries and to help reduce their dependence in the matter of access to medicine by supporting their respective domestic industries.

A second subject I would like to address is one about which I am passionate. While terrorism is a brutal, violent killer, with its blood and destruction and its bombs' hellish blasts, non-communicable diseases as a whole, and cancer in particular, do their deadly work in grisly silence. We watch, powerless, as that global tragedy unfolds before us. So, what can we do, especially about the world citizens of the South, and in particular Africa?

First and foremost, we must grant them access to information, preventive tools, preliminary screening tests and early diagnosis, as well as radiation and chemotherapy. We know that for those who survive — I will not call it "live" — on $100 a month, cancer treatments costing $50,000 a year are entirely out of reach. To earn $50,000 those people would have to work 42 years — for one year's treatment. That is completely surreal, lunatic and unacceptable. We do not have the moral or human right to sit by, doing nothing, and watch the horrific slaughter.

We must therefore enlist our imaginations and creativity. Let us hope that the United Nations and the World Health Organization will embrace and promote the idea of a global anti-cancer fund. It would be a vivid beacon of hope for the women and men who have high hopes for this historic meeting, especially on the continent of Africa. We do not have the moral or human right to do nothing. Let us take action to ensure that every human being can end his or her life in dignity, rather than in disaster and ruin.

The Acting President: I now give the floor to His Excellency Mr. Yerzhan Kazykhanov, Minister for Foreign Affairs of Kazakhstan.

Mr. Kazykhanov (Kazakhstan): Modern society has come to understand the close connection between the quality, conditions and way of life of people and sustainable development. Improving quality of life is not only a goal in itself but also an important contribution to social development and to attaining the Millennium Development Goals (MDGs). Our goal is to stop the growing trend of premature mortality from chronic and non-communicable diseases, which still remains a serious obstacle for achieving sustainable development in the twenty-first century and is an important priority on the global agenda.

Kazakhstan is highly committed to the World Health Organization (WHO) 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Non-Communicable Diseases. We support the efforts of WHO to cooperate with its international partners to ensure the monitoring of non-communicable diseases at the national, regional and global levels. The efforts of WHO in scientific research and data collection have made it possible to significantly raise the standard of non-communicable disease control.

We believe that a wider scope and higher quality of medical and sanitary measures to remove the risk factors in public health care are the most effective methods in lowering the incidence of non-communicable diseases. Therefore we encourage WHO and UNICEF to continue to develop the principles laid down in the 1978 Almaty Declaration on Primary Health Care. As mentioned in the Declaration, primary medical and

sanitary help still continues to be the best model for providing comprehensive services, including prevention and diagnosis in the early stages and long-term medical help through the engagement of civil society.

The Government of Kazakhstan continues to give high priority in our national plans to the control of non-communicable diseases through strengthening the health-care system. Significant measures have been taken for greater vigilance and control over tobacco products and lowering excessive alcohol consumption, and promoting physical activities and healthy eating habits.

Our country has achieved success in the implementation of the WHO Framework Convention on Tobacco Control. We have also adopted the Code on Health and Health Care and launched a large-scale national programme titled Healthy Kazakhstan 2010, which is aimed at promoting a healthy way of life. Our health-care system has adequate financing at the level of 3.2 per cent of the GDP. In 2013, we plan to introduce a unified national health-care system, which will provide a new model of financing for a guaranteed volume of free and result-oriented medical help.

In conclusion, let me express my confidence that we will achieve sustained long-term progress in the fight against non-communicable diseases in the framework of internationally agreed goals, including the MDGs.

The Acting President: The Assembly will now hear an address by His Excellency Mr. Mwai Kibaki, President of the Republic of Kenya.

President Kibaki: Let me take this opportunity to congratulate the United Nations for organizing this High-level Meeting to discuss the prevention and control of non-communicable diseases globally.

Non-communicable diseases are a major public health concern in Kenya. Over 50 per cent of all hospital admissions and over half of all hospital deaths are due to such diseases. Heart diseases are responsible for 13 per cent of overall mortality, while cancer and diabetes contribute 7 and 4 per cent respectively.

In response to this reality, Kenya has taken preventive and curative measures to address the growing burden of non-communicable diseases. The country has established 45 diabetes comprehensive-care clinics and has trained more than 3,000 medical practitioners in the management and prevention of diabetes.

Some of our preventive actions had to be anchored on legislative frameworks. In 2007, for example, Parliament enacted the Tobacco Control Law, which bans smoking in all public places. The law now prohibits tobacco advertisement and the sale of tobacco products to persons under 21 years old. In 2010 we passed the Alcoholic Drink Control Act to regulate the production, sale and consumption of alcoholic drinks. And recently, Kenya launched the National Cancer Strategy and is now finalizing a draft cancer bill to comprehensively guide the control and treatment of cancer.

Despite these efforts, serious challenges stand in our way as we try to set up adequate systems to deal with non-communicable diseases. This is due to many other priorities competing for our limited resources.

Non-communicable diseases are a major barrier to economic growth and social development. Their prevention and control must, therefore, be integrated into national and global development agendas. It is my hope that this meeting will reflect on strategies to strengthen our health systems, institute effective control measures and improve access to essential medicines, screening services and rehabilitation, as well as to provide long-term medical care to patients.

It is important to point out that effective technologies are still out of reach for many developing countries. We therefore encourage the establishment of partnerships and international collaborations that will facilitate the transfer of appropriate and affordable technology.

In Kenya, the Government encourages private players in the health sector to establish specialist units and hospitals that deal with these diseases. However, the cost of essential medicines and technologies for the treatment of cancer, diabetes and heart diseases remains beyond the reach of most patients. The challenge is indeed enormous, but it can be addressed through measures such as the Agreement on Trade-Related Aspects of Intellectual Property Rights under the World Trade Organization. That would enable the manufacture of, and access to, medicines and related products.

In conclusion, this meeting must be the beginning of concrete international commitments towards the

prevention, control and treatment of non-communicable diseases. It is my hope that this summit will come up with appropriate strategies, with specific targets and indicators, for dealing with these diseases. Most important, we must commit our Governments to strengthening our health systems and improve the health of our nations for the sake of sustainable development.

The Acting President: I now give the floor to His Excellency Mr. Jean Asselborn, Deputy Prime Minister of Luxembourg.

Mr. Asselborn (Luxembourg) (*spoke in French*): I would of course like to fully align myself with the statement made by Commissioner Dalli on behalf of the European Union.

This first High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases goes back to an initiative taken by the Caribbean Community, which I would like to commend. Luxembourg is proud to have been able to contribute actively, alongside Jamaica, to the elaboration of the Political Declaration we adopted this morning by consensus (resolution 66/2, annex).

I am convinced that the issue of non-communicable diseases has now emerged from the shadows. In the past, non-communicable diseases were often obscured or ill understood, and their negative impact on development went unrecognized. However, we know that these diseases strike a double blow to socio-economic development. They provoke a significant loss in national revenue and drag millions of people below the poverty line, which of course results in a huge loss of human life.

Since non-communicable diseases affect all countries, the response to this challenge must necessarily be global and universal. It requires unequalled political commitment. It is therefore crucial that this matter be placed on the agenda of the General Assembly here in New York.

It is also important to take full advantage of the work done in Geneva under the leadership of the World Health Organization (WHO). I refer notably to the WHO Framework Convention on Tobacco Control and to the strategies developed to fight the four main non-communicable diseases and their shared risk factors.

Our approach must first stress the prevention of non-communicable diseases, as that is the most effective and efficient way to obtain concrete results. It must also be multisectoral, by promoting health in all policies. Health, agriculture, education, sports, environment, trade and industry — the policies pursued in all those areas, among others, have a direct impact on the effectiveness of our response to a non-communicable disease crisis of epidemic proportions.

Finally, we must establish sustainable health systems by ensuring continued financing, good governance, adequate training for medical personnel, universal health insurance and access to essential medicines. These are stringent requirements, particularly at a time of economic crisis, but that also call for solidarity and equity. To establish sustainable health systems means supporting the right of everyone to the enjoyment of the highest possible standard of health — a fundamental right to which we all subscribe.

Luxembourg is already answering the call contained in the Political Declaration. The issue of non-communicable diseases is included in the health sector strategy of our development cooperation policy. Health is a priority to which we devote more than 11 per cent of our official development assistance, which in turn represented 1.09 per cent of our gross national income in 2010.

For many years, Luxembourg has contributed to strengthening health systems in its partner countries, for instance in Laos and in Senegal. In Mongolia, we are supporting a major programme for the development of cardiovascular health care, using the innovative approach of telemedicine. We also make increasing annual contributions to WHO to support its strategic objective of targeting chronic non-communicable diseases in developing countries.

In conclusion, allow me to welcome the fact that, after the first steps we have taken today at this meeting of the General Assembly, other steps will follow. Thanks to the Political Declaration we have adopted, adequate follow-up will be ensured in the years to come. I would like to assure the General Assembly that Luxembourg will continue to participate in this global effort to prevent and control non-communicable diseases.

The Acting President: I now give the floor to His Excellency Mr. Aaron Motsoaledi, Minister for Health of South Africa.

Mr. Motsoaledi (South Africa): As a Member State of the United Nations, South Africa congratulates the President for putting this item on the agenda of the General Assembly. We also welcome the report by the Secretary-General on non-communicable diseases (NCDs) (A/66/83).

South Africa recognizes the need for combating non-communicable diseases to be regarded as a development priority, rather than only a health concern. It is the view of the South African Government that a health-only approach will be unable to reverse the global mortality and burden due to non-communicable diseases, but that a whole-of-Government and whole-of-society approach is needed.

The Assembly must be reminded that in Africa, and in Southern Africa in particular, communicable diseases, specifically AIDS, remain the primary cause of mortality. In South Africa the mortality rate has nearly doubled over the past decade, mainly as a result of HIV and AIDS. That has contributed to massive human, social and economic consequences. Although significant progress in tackling HIV and AIDS has been made, HIV is now also a chronic disease. Considerably more investment is still needed to turn the tide of these twin epidemics. It is critical, therefore, that as global and national priorities expand, we ensure that we pay adequate attention to the prevention and control of both communicable and non-communicable diseases, as well as to achieving the Millennium Development Goals.

I shall provide just a few examples of risk reduction and control of NCDs in my country. Many representatives may be aware that South Africa has been one of the leading countries on the implementation of the Framework Convention on Tobacco Control. We will continue to strengthen legislation to further reduce the impact of tobacco use.

On improving surveillance, South Africa recently adopted regulations making the reporting of cancers compulsory. South Africa has also just adopted regulations to reduce the use of trans-fats, and is currently drawing up regulations to reduce salt content in processed foods. With a view to a whole-of-Government and development approach to the prevention and control of NCDs, an inter-ministerial committee made up of nine ministers has been established to come up with legislative and other solutions to combat harm from alcohol and other drugs.

At a recent summit on non-communicable diseases held in preparation for this meeting, the South African Government and its partners from various sectors set a range of targets to prevent and control NCDs. In that context, South Africa welcomes the Political Declaration (resolution 66/2, annex) and pledges its commitment to the attainment of its goals and to working with the World Health Organization to develop global targets. In order to achieve such targets, effective partnerships need to be established to increase prevention, screening and access to treatment technologies, including affordable vaccines, diagnostics and drugs.

To prevent non-communicable diseases globally, South Africa urges the international community to put pressure on the food industry to reduce harmful foodstuffs, promote healthy eating habits worldwide and increase pressure on the alcohol industry to reduce the harmful effects of alcohol — for example, by ceasing to advertise what is for many a highly dangerous product. All partners must also collaborate to achieve a tobacco-free world.

My main message today is that reducing non-communicable diseases requires attention to a number of broad social, economic and behavioural determinants of health involving many sectors, and that combating both communicable and non-communicable diseases in an integrated and comprehensive manner is fundamental to both improved health and development.

The Acting President: I now give the floor to Her Excellency Ms. Agnes Binagwaho, Minister of Health of Rwanda.

Ms. Binagwaho (Rwanda): This summit is a watershed in the health of our global population. Let us not forget what happened in this very Hall 10 years ago during the 2001 special session on HIV/AIDS. That meeting fundamentally changed the way that HIV was fought in developing countries. It was also a starting point for access to treatment for HIV-positive people.

Now we are targeting non-communicable diseases, which include cardiovascular disorders, diabetes, cancer, chronic respiratory diseases and many other illnesses. That is very important, because we can no longer ignore their significance as contributors to

morbidity and mortality in Africa. In fact, it is in low- and middle-income countries that many are suffering from these diseases.

We all know that non-communicable diseases contribute to poverty in a vicious circle, creating a barrier to socio-economic development and affecting economies of countries like Rwanda through the absenteeism caused by those diseases.

Over the past decade, Rwanda has made significant progress towards the prevention, treatment and control of communicable diseases, and we are on track towards achieving the Millennium Development Goals. Thanks to that effort, Rwanda has seen under-five mortality reduced by more than half, and under one-year mortality reduced by more than 42 per cent. We have also achieved universal access to HIV treatment and we can now treat HIV as a chronic disease.

We have strengthened our health sector, so that 95 per cent of Rwandans benefit from insurance and from performance-based financing across the whole health sector. That success is going to help us to build programmes to fight non-communicable diseases. Now that we have a life expectancy of over 50 years, we plan to tackle hypertension, cardiac disease and all the other diseases I mentioned earlier.

I should also note that Rwanda is aware of the need to both treat and protect the population against the emerging risk factors that accompany urbanization, the globalization of trade and marketing and the progressive increase in unhealthy lifestyles — a pattern that can be seen in so many industrialized countries.

We intend to begin our research on the prevalence of non-communicable diseases in Rwanda next year, but we already know that non-communicable diseases can account for approximately 25 per cent of the country's disease burden. Based on that figure, unless we systematically and strategically address our care and delivery for non-communicable diseases, we will continue to have a significant gap in our current health-care system. We will never achieve full development if we do not seriously tackle non-communicable diseases.

At this moment, most of our citizens must simply endure non-communicable diseases, since they cannot afford treatment. That was once the case for HIV, malaria and tuberculosis. We want to make what is unaffordable today history. Without decreasing the attention we currently give communicable diseases, we want to tackle non-communicable diseases.

We have begun by creating several departments to coordinate the fight against non-communicable diseases and by developing several initial strategies and policies. We have adopted a law prohibiting smoking in public areas. We have taxed tobacco and reserved a part of the revenues for the welfare of the population. And we have begun to provide specific services, especially for fighting cancer, by designing national programmes for human papilloma virus detection and vaccination, as well as for breast cancer detection. But that is just the beginning; we want to go further.

I remember how, in the case of HIV and other communicable diseases, we began in a similarly slow fashion. We now have universal access. That gives me hope. Since we have managed to reduce mother-to-child transmission of HIV to less than 2 per cent, I believe that global solidarity can help all countries combat all those diseases. Certainly, that will require more doctors, more nurses, more drugs and greater laboratory capacity, but also more solidarity.

The Acting President: I now give the floor to His Excellency Mr. Leslie Ramsammy, Minister of Health of Guyana.

Mr. Ramsammy (Guyana): With the convening of this High-level Meeting on non-communicable diseases (NCDs) and the adoption of the Political Declaration (resolution 66/2, annex), NCDs have now rightly assumed a place of prominence as a global threat that needs to be addressed as an emergency. The world now appropriately acknowledges that the NCDs constitute a new front in the fight to promote global public health and in the fight against poverty.

We offer congratulations to the co-facilitators, Ambassador Wolfe of Jamaica and Ambassador Lucas of Luxembourg, for guiding the negotiations, which culminated in a consensus document on a timely basis.

Guyana recognized at an early stage that the efficacy of the efforts pursued at the national level needed to be complemented by regional and global consideration and action. Guyana has played an active role in advancing the NCD agenda at the regional and global levels, calling since 2001 for a Millennium Development Goals (MDGs) expansion — an MDG+ — to include globally led agreements for the

fight against NCDs, and making it a focus during its presidency of the sixty-first session of the World Health Assembly.

Guyana has worked with other member States of the Caribbean Community (CARICOM) to ensure a regionally coordinated response to NCDs. In this regard, it will be recalled that CARICOM was instrumental in facilitating the General Assembly's consideration of the issue of NCDs. It was not accidental. The decision was informed by the gravity of the development challenge that NCDs posed for all CARICOM member States.

The Declaration contains many measures that will save lives in the short term and contribute to creating a healthy society, which will assist in the prevention of NCDs in future and assist also in reducing and eliminating poverty. We therefore call for the full implementation of the Political Declaration, including early agreement on global targets, a monitoring framework and a substantive and collaborative partnership of global stakeholders to facilitate continued action on NCDs; a call for greater access to affordable, safe, effective and quality-assured medicines, and improved access to palliative and rehabilitative services, particularly at the community level; reoriented trade and agricultural policies to facilitate the provision of healthy local foods; and the provision of increased and sustained human, financial and technical resources from all sources, including through innovative approaches.

For that reason, we call on Member States to work together to support the follow-up processes, such as the development of national plans by 2013, the development of global targets and indicators, including the overall goal of reducing preventable deaths from NCDs by 25 per cent by 2025; and to monitor trends and assess the progress made in the implementation of national strategies and plans.

Guyana supports the appointment of an envoy or representative on NCDs to promote aggressive action and to foster national and regional collaboration.

We believe that greater consideration must be given to the existing MDG Goal 8, target 8e and indicator 13, to meet the need for better access to affordable, quality medicines, technology and diagnostics. Similarly, existing MDGs address the need for better nutrition, improved and expanded immunization, elimination of gender disparities and improved environmental control.

We need more robust implementation of the World Health Organization's 2003 Framework Convention on Tobacco Control (2003). Guyana believes that the global minimum standard for trans-fats and salt are appropriate global actions and that we must not be shy in applying such standards. We believe that the Global Strategy to Reduce the Harmful Use of Alcohol must be strictly applied, and we support the call for a global no-alcohol day.

Guyana calls for the world to join us in celebrating Caribbean Wellness Day on the second Saturday of September each year, a day established by the Caribbean heads of Government at their Summit held in Port of Spain in 2007. We must agree on a package of publicly guaranteed health-care services for NCDs that becomes an entitlement for citizens everywhere.

While Guyana is grateful that the High-level Meeting has now made a response to the NCDs a priority development issue, we are disappointed that there are only references to the neuropsychiatric disorders. We believe that these disorders have too great an impact on the disease burden and should be given more consideration at the global level than is presently provided for.

The President took the Chair.

The President (*spoke in Arabic*): I now give the floor to Her Excellency Ms. Nicola Roxon, Minister for Health and Ageing of Australia.

Ms. Roxon (Australia): Australia is delighted to be participating in this historic United Nations meeting on the global challenge of non-communicable diseases (NCDs). NCDs pose a growing threat to our health systems, our societies and our economies. And because NCDs strike already disadvantaged communities and countries harshly, the threat of NCDs risks further entrenching poverty and disadvantage around the world. So we must act now, or too many people will continue to suffer and die from illnesses that are largely preventable, and our health systems simply will not cope.

The Australian Government is strongly committed to action on non-communicable diseases, internationally and at home. In Australia, we have put prevention of chronic disease, and strengthening our

primary-care system to better treat NCDs, at the very core of our Government's health reform agenda.

We are taking action on a range of fronts: through research and social marketing campaigns, and support for preventative health efforts across Governments, industry and the broader community. We are also providing support to developing countries to prevent and better control NCDs, especially in our own region, the Pacific, which has some of the highest NCD rates in the world.

At the global level, I am pleased to announce today that Australia will provide a further $4 million to the World Health Organization (WHO) to implement its Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases as part of the approximately $4 billion on health assistance to developing countries that we will provide over the next five years.

Australia is also building on our existing work on NCDs in the Pacific with a $25 million commitment to help Pacific island countries tackle these problems, focused on building the evidence base for effective interventions and cost-effective prevention strategies, and addressing the wider social determinants of health.

Today, I want to talk in particular about an issue which is a major focus for Australia: tobacco control. Unlike on other risk factors, the evidence on tobacco is crystal-clear. We know the harms; the research evidence is unequivocal. If we do not take steps to tackle tobacco, WHO estimates that the number of people dying each year from tobacco-related illness will rise from nearly 6 million per year now to more than 8 million by 2030.

Australian Governments have for many years been tough on smoking by world standards. We are now taking this strong record of comprehensive action further with the world's first plain-packaging laws for tobacco. From next year, all tobacco products in Australia will be sold in packs that will be required to have the same packaging, in the same unattractive dark brown colour. Graphic health warnings will cover most of the pack. There will be no brands, no logos and no colours. In fact, I have a mock-up here of what tobacco packs will look like in Australia when these laws come into effect next year.

Australia is the first country to have taken up the WHO challenge to take this step. As a result, the Big Tobacco giants are fighting desperately, through massive advertising campaigns and threats of legal action. They are fighting vigorously because they know that plain packaging will hurt them by reducing sales. And they know that if Australia succeeds in being the first country to implement these laws, we will not be the last.

The Australian Government is very confident that we can withstand these threats and challenges. In fact, the more the tobacco companies fight, the more we know we are on the right track.

Fighting back, as Dr. Chan said this morning, against Big Tobacco requires resources and political will. But saving lives and improving the health of the global community is an investment that will pay a huge dividend. I therefore urge all members to consider how their countries can take the next steps too, using the Framework Convention on Tobacco Control as the mechanism for reform. The fight against Big Tobacco is one which, together, we can win.

The President (*spoke in Arabic*): I now give the floor to His Excellency Mr. John Seakgosing, Minister for Health of Botswana.

Mr. Seakgosing (Botswana): Non-communicable diseases (NCDs) — cardiovascular diseases, diabetes, cancer and chronic respiratory diseases — account for more than 60 per cent of global deaths, of which 80 per cent occur in developing countries. The main contributing factors to these diseases — lack of physical activity, poor nutrition, smoking and alcohol use — are on the rise all over the world. Underlying factors, such as the ageing of the population and the modernization of our societies, are also steadily contributing to the ever-growing burden of NCD risk factors, disabilities and deaths. While the burden may seem insurmountable, we should not be discouraged. We can have a tremendous impact on NCDs and associated risk factors by implementing a comprehensive approach that focuses not only on improving knowledge and awareness, but on reformulating the policies, laws, regulations and environments that govern our behaviours, as well as putting in place a health-care system that can adequately detect and manage these diseases.

The Botswana delegation is honoured to attend this High-level Meeting and aligns itself with the outcome document (resolution 66/2, annex) related to the rising epidemic and its impact on the social and

economic development of countries around the world. National surveys and selected studies conducted in Botswana indicate that NCDs and their risk factors are prevalent — specifically, tobacco use, alcohol use and unhealthy diets.

While Botswana is viewed as a middle-income country that has achieved significant milestones in health and development, we need to ensure that the progress we have made is not reversed by the rising tide of NCDs and diminishing investment. It is important that resources be increased at the national, regional and international levels.

The Government of Botswana supports the recognition of the dual burden of communicable and non-communicable diseases. The public health burden of NCDs and appropriate ways by which to intervene pose unique challenges to developing and middle-income countries.

In Botswana, we are still experiencing high rates of morbidity and mortality due to communicable diseases such as HIV/AIDS, tuberculosis and malaria. We must not ignore these continued threats, but build on past successes to face the new public health threats of the twenty-first century.

We welcome the assertion that the whole of society, and not just Governments alone, needs to respond to this epidemic. Coordination from the highest level of Governments and concerted efforts from many other sectors of society — the private sector, civil society and industry — are required to mount a comprehensive public health response to NCDs.

As we continue to develop and implement our NCD strategy in Botswana, one of our main priorities is to establish a broad-based coalition that includes representatives from many sectors of our society. That would be an important effort that would lead to greater ownership and sustainability of the interventions and policies we intend to implement.

What is very clear is that we can no longer ignore the importance of NCDs and their impact on the global population and their quality of life. In order to address the public health crisis effectively, I challenge everyone here today to set a bold course for the future. We must not be afraid of facing the problem head on. Botswana has experience in this regard, having instituted a 40 per cent levy on alcohol and increased its enforcement of laws that help to prevent alcohol abuse.

We are in the process of writing a similar type of law with regard to tobacco use, which will be more in line with the World Health Organization Framework Convention on Tobacco Control. We intend to take a hard look at the levels of sodium in our food supply. This is not an easy path to take, I can assure the Assembly, but it is the right one. Those legislative initiatives, coupled with supportive interventions and programmes, will ensure our success for the future. I have no doubt that we will be contributing to a healthier tomorrow.

For those of us who have lived with the significant burden of HIV/AIDS, we remember a similar meeting 10 years ago, which led to a comprehensive response to the epidemic. Last June, at the High-level Meeting on AIDS, world leaders agreed on bold new time-bound targets related to the prevention of new HIV infections, increasing the number of people on treatment and decreasing tuberculosis-related deaths associated with HIV.

We again find ourselves called together to bring much-needed global attention to a significant health issue. Yet, where are the targets related to NCDs? How would we know that we are on the right path without a well identified finish line? What should we strive for, if there is no light at the end of the tunnel? And where and how do we get the resources to achieve our targets?

Many competing interests await all of us when we return home. What we decide and agree upon during this meeting will help us as Government leaders to set a national course for NCD prevention and control.

Let me conclude by saying, let us not be deterred by the scope of the problem. Let us not be swayed by competing priorities. Let us be bold in the face of NCDs and chart a successful course for the future.

The President (*spoke in Arabic*): I now give the floor to His Excellency Mr. Joseph Yieleh Chireh, Minister for Public Health of Ghana.

Mr. Chireh (Ghana): It is my pleasure to join previous speakers in congratulating you, Sir, on your election as President of the General Assembly at its sixty-sixth regular session. We trust that with your wealth of experience you will be able to steer the

deliberations of this session to a fruitful conclusion. We would also like to assure you of our cooperation and support towards a successful outcome for this High-level Meeting.

The delegation of Ghana takes this opportunity to associate itself with the statement made by the Argentine Republic on behalf of the Group of 77 and China.

The increasing burden of non-communicable diseases (NCDs) poses a serious threat to global public health and security. Although diseases such as HIV/AIDS, malaria and tuberculosis are a major burden for developing countries, the death rates for the NCDs are higher. NCDs are estimated to be responsible for half of all deaths.

The epidemiological transition in Ghana has brought about a double burden of disease — communicable and non-communicable. At present infant and adult mortality from infectious diseases is steadily decreasing, and death rates are falling. Life expectancy in Ghana is steadily increasing, and the population is ageing concurrently. As the number of adults relative to children rises, the most common health problems are becoming those of adults, producing a surge in NCDs. Recent changes in diet and the social environment and the adoption of unhealthy lifestyles have resulted in the high burden of NCDs.

Apart from sickle-cell disease, which is genetically linked, the other major NCDs — cardiovascular diseases, diabetes, cancers and chronic respiratory tract infections — share common and modifiable risk factors, namely tobacco use, harmful use of alcohol, unhealthy diets and physical inactivity. This clearly underscores the fact that there is a lot that we can do to reduce the incidence and devastating effects of non-communicable diseases. By promoting healthy lifestyles, we should be able to bring down the disease burden due to NCDs.

To address the menace in Ghana, so far we have put in place the following measures. A national policy on NCDs has been developed. A public health bill with tobacco control as an integral part has been put before our Parliament. We have finalized a national strategy for cancer control in Ghana. We have developed a national sickle-cell strategic plan, and implementation has started with the scaling up of newborn screening and care of affected children. In the past four years we have been implementing a regenerative health and nutrition strategic plan with the promotion of healthy lifestyle activities throughout all 10 regions of Ghana. Finally, mass sports to encourage physical activity are being promoted.

The Government of Ghana is committed to the fight against NCDs and will continue to provide the needed political leadership and resources for the prevention and control of NCDs. Ghana urges the World Health Organization to continue to provide the much-needed technical assistance and direction to developing countries as we engage in this battle against NCDs. The Commonwealth Secretariat deserves commendation for the crucial role it has played and continues to play in the fight against NCDs.

The President: The Assembly will now hear an address by His Excellency Mr. Heinz Fischer, Federal President of the Republic of Austria.

President Fischer: As we all know, successful efforts to tackle non-communicable diseases (NCDs) need to involve a range of government sectors and cross-cutting public policies. In Austria, 10 comprehensive and measurable health objectives for the coming 20 years are currently the subject of a structured political dialogue under the leadership of the Federal Minister for Health. A wide range of societal as well as government sectors are involved, in line with existing international health goals. Among the member States of the European Union, Austria happily ranks second in terms of health care expenditures on a per capita basis and the number of hospital beds.

The burden of NCDs in the European region is rising as a consequence of unhealthy lifestyles and unfavourable socio-economic conditions. Austria is confronted with problems — similar to developments in the European region — of obesity, lack of sports, smoking and alcohol consumption, especially among the young population.

Responding to these challenges, our Government launched the National Nutrition Action Plan, which follows a horizontal "health in all policies" strategy with measures regarding nurseries, kindergartens and schools. It contains, for example, guidelines for school catering. The Federal Minister for Sports, in cooperation with the Ministry of Health and other relevant stakeholders, is developing a national action plan for physical activity. Based on up-to-date scientific information, the recommendations establish how much physical activity is necessary in order to

positively affect health according to age groups. These recommendations are the first to provide suggestions in terms of intensity.

The Austrian health policy emphasizes its prevention strategies, tackling the increasing number of persons with diabetes by adopting a federal quality guideline on diabetes mellitus type 2. The goal of this disease-management programme is to prevent patients from suffering complications associated with diabetes through prevention, early detection, diagnosis, quality-based care and therapy. Furthermore, we focus on the role of psychosocial factors and influences on mental health. Following recommendations by the World Health Organization and the European Union, Austria has started the formulation of a national cancer plan.

What we need is strong political leadership to give sufficient impetus to the fight against NCDs. Governments need to include future-oriented decisions in their policies across a wide range of different government departments, not just the ministries of health. People need to change their lifestyles and behaviours. The prevention and control of NCDs have to be part of our daily life.

The President: I now give the floor to His Excellency Mr. Urmas Paet, Minister for Foreign Affairs of Estonia.

Mr. Paet (Estonia): I thank the Secretary-General for convening this first High-level Meeting on the Prevention and Control of Non-communicable Diseases (NCDs). It is timely that this highly important and growing issue of non-communicable diseases is discussed at a high level at United Nations Headquarters. At the same time, I would like to reaffirm the leading role of the World Health Organization (WHO) as the primary specialized agency for health, in coordinating and promoting global action against non-communicable diseases.

Estonia welcomes the adoption of the Political Declaration (resolution 66/2, annex) earlier this morning, in which Governments commit to strengthening their national health policies and to reducing risk factors associated with tobacco use, unhealthy diet, lack of physical activity and harmful use of alcohol. These are commitments that developing and developed countries can share alike.

In many countries, non-communicable diseases pose a huge but avoidable burden on human capital and the economy. The global population will reach 7 billion people, but the demographic situation in the world is changing in two opposing directions.

On my continent, Europe, societies are ageing, but the years lived in good health can be further extended. Evidence shows that this result is effectively achievable through systematically applied preventive activities. Non-communicable diseases cause significant disability and early loss of work capacity as well as premature death.

On the other hand, the number of young people in the world has never been higher, and most of them live in the developing world. It is important that we promote sexual and reproductive health and rights, since the key to informed decisions is their access to a comprehensive health service package, together with sexuality education.

Non-communicable diseases have particularly strong socio-economic impacts on developing countries. They are also greatly affecting the achievement of the Millennium Development Goals, which, as we know, are falling short of the targets in many countries. Estonia has increasingly supported the development of health systems in developing countries, such as Afghanistan. We continue to support the efforts of different United Nations organizations, such as UNICEF and the United Nations Population Fund, in their actions to improve access to health care, particularly for girls and women, throughout the developing world.

We know that the work to address NCDs must be comprehensive and consistent, and that it takes time to see first results. A systematic approach that encompasses health promotion, disease prevention, health care and actions directed towards influencing activities of other sectors is needed. Such an approach is well described in the WHO European Region charter entitled "Health Systems for Health and Wealth", also known as the Tallinn Charter. Tackling NCDs means comprehensive investments in health systems — in health promotion, disease prevention and health care. All sectors must be aware of the impact their actions may have on health and have health enhancement in mind.

In line with the Tallinn Charter, Estonia has a comprehensive five-point multisectoral approach for tackling NCDs. It covers social determinants of health, child and youth health, key risk factors, a healthy

environment and health-care services, which play a crucial role in producing sustainable gains in health. The national health plan provides an umbrella framework for specific disease-oriented health strategies.

The global response to reduce premature morbidity and mortality from non-communicable diseases should be effective, comprehensive and integrated into the global health agenda as well as in national health systems.

The President: I now give the floor to His Excellency Mr. Juma Duni Haji, Minister for Health of the United Republic of Tanzania.

Mr. Haji (United Republic of Tanzania): I have the honour and pleasure to deliver the following brief remarks on behalf of the President of the United Republic of Tanzania, His Excellency Mr. Jakaya Mrisho Kikwete, who will not be here today because of other pressing engagements.

As a contribution to this important discussion on the prevention and control of non-communicable diseases (NCDs), Tanzania, in partnership with the Governments of Australia and Sweden, is hosting a side event this evening on oral health.

My delegation welcomes the convening of this High-level Meeting of the General Assembly to discuss the prevention and control of non-communicable diseases, which have become a major challenge to our health system.

Risk-factor figures for NCDs in my country are very high. The prevalence of tobacco smoking is 10 per cent and that of overweight people is 21.8 per cent. The rate of persons with elevated total cholesterol levels is 21.6 per cent, the rate of people with elevated blood glucose levels is 8.5 per cent, and per capita consumption of pure alcohol is 7.8 litres.

The burden of disease is equally alarming. The prevalence of diabetes is 5.3 per cent, of hypertension 30 per cent and of chronic obstructive pulmonary disease 12.6 per cent. The incidence of cancers is 21.2 per 100,000 people. Cervical cancer is the most common type. In addition to these four major groups of disease, in Tanzania 8,000 to 10,000 children are born every year with sickle-cell anaemia. Oral health, mental health, violence and injuries are also major challenges for us. As a result, the NCD mortality rate is 75.7 per 100,000 for men and 58.6 per 100,000 for women.

The cost of health care for NCDs is very high. The household cost for diabetes treatment is 25 per cent of the minimum wage. Between 73 and 92 per cent of people with heart disease spend more than 40 per cent of their non-food income on care and treatment. NCDs therefore impoverish families.

Poor communities are vulnerable to NCDs, as they go for cheap but nutritionally harmful foods and are exposed to unhealthy lifestyles, while the sedentary lifestyles of white collar workers put that group at risk. Therefore, NCDs have to be on the development agenda.

Tanzania has an NCD strategy that was launched in 2009 aimed at the prevention and control of NCDs so as to reduce the burden they present and ensure access to affordable NCD services. We now have an NCD unit at the Ministry of Health with an NCD national steering committee comprised of various stakeholders to provide oversight.

Tanzania faces the double burden of communicable and non-communicable diseases. As we focus on NCDs, we must not jeopardize the attention we are giving to the prevention and control of communicable diseases.

In conclusion, I would like to thank you, Mr. President, for giving Tanzania the opportunity to make its case here and hope we can achieve success regarding NCDs as we all did for HIV/AIDS.

The President: I now give the floor to Her Excellency Ms. Heidi Hautala, Minister for International Development of Finland.

Ms. Hautala (Finland): First of all, let me align myself with the statement of the European Union.

Non-communicable diseases (NCDs) are a growing problem in the developing world and a huge challenge to achieving the internationally agreed Millennium Development Goals. Developed countries, unfortunately, do not provide a very good example here, as their lifestyles are closely linked with many of these diseases.

At the same time, developed countries have accumulated a lot of experience on how to tackle non-communicable diseases. In Finland, for instance, pioneering work has been done in the area of the

prevention of heart and coronary diseases — the so-called North Carelia Project and the name of Mr. Pekka Puska, an outstanding expert, are familiar to many in the international context. The Finnish emphasis is on health promotion and primary health care. These are by far the best means in the developing world, too, to fight non-communicable diseases. The importance of health system strengthening cannot be overemphasized.

Health is affected by several factors, many outside the remit of the health sector itself. Healthy eating, for instance, is linked to agricultural policy, global rules for agricultural trade, other trade, urban planning, tax policy and educational systems. Since the 1940s, school meals have been a very important innovation to promote healthy eating in Finland.

Business and industry also have their responsibility. They can promote healthy lifestyles, but unfortunately they can also work against them to advance narrow, short-term economic interests. This must come to an end. Tobacco is perhaps the clearest example of a commercial product that is harmful to public health. It kills 6 million people each year, dramatically reduces the quality of life of millions, and is a massive burden on national health budgets. Finland has set itself the goal of being completely tobacco-free by 2040. We believe that this is a realistic goal.

Gender issues are central when talking about health promotion and sustainable development. Women often suffer most from the effects of poverty and illness, but even more importantly, they are powerful agents of change. Their behaviour and choices can make a big difference in efforts to tackle NCDs and other diseases. Maternal health and sexual and reproductive health and rights are also relevant in this context. Women's access to primary health care and their right to choose serve them, their families and society as a whole.

Poverty eradication and sustainable development are directly linked to health. People who live without access to the basic necessities of life, without good quality education, or in the margins of society do not have the means to make healthy choices. Basic education and health education have a crucial role here; they are also very cost-effective ways to promote health.

As with any aspect of sustainable development, primary responsibility lies within each country and with the commitment and accountability of each Government to its people. Development assistance can only have a catalytic role. Domestic resources must be mobilized. Some health promotion activities — for instance taxing tobacco, alcohol, or unhealthy food and beverages — are in fact very cost-effective. At the same time, of course, international cooperation is needed.

The role of civil society in health promotion is crucial. One example of that is that our delegation includes representatives of three non-governmental organizations — one working on heart disease, one working on cancer, and one working on diabetes. A very good example of their work is the so-called Better Choice symbol, developed by the Finnish Heart Association to help consumers make healthier choices.

Mr. Zinsou (Benin), Vice-President, took the Chair.

In addition to being a value in itself, health is an important factor in promoting positive economic development. A healthy population is a productive population. NCDs have a major social and economic impact. They slow down economic development. Let me also mention that there are also many synergies between health and a green economy, such as cycling.

We must also continue to tackle such communicable diseases as AIDS, as was pointed out by the Tanzanian Minister a moment ago. HIV/AIDS has become a chronic disease, and is linked to non-communicable diseases in many cases. Many developing countries are in fact faced with the double burden of communicable and non-communicable diseases. That is why, for Finland, the Joint United Nations Programme on HIV/AIDS and the United Nations Population Fund, for instance, are key partners in promoting the HIV/AIDS and the closely linked sexual and reproductive health rights agendas.

We want to see the World Health Organization (WHO) continue to be the lead actor in global health promotion. It gives strategic guidance to Member States and coordinates their international response. WHO has been the forerunner in the fight against tobacco. The Framework Convention on Tobacco Control is an unprecedented piece of international legislation, extending into many areas outside health, such as trade, customs and taxation. It should serve as an example for addressing other harmful products as well.

The United Nations as a whole has a central role to play in promoting sustainable development and the achievement of the Millennium Development Goals, very much including in the area of health. It is crucial to continue pushing forward with United Nations reforms in order to make sure that the United Nations system can respond in the best possible way to the challenges it is faced with.

The Acting President (*spoke in French*): I now give the floor to Her Excellency Ms. Yasmina Baddou, Minister of Health of the Kingdom of Morocco.

Ms. Baddou (Morocco) (*spoke in Arabic*): Great effort is required in the current circumstances to combat non-communicable diseases through a multisectoral strategy, a precautionary approach, the promotion of healthy lifestyles, early screening and the creation of appropriate regulatory taxation frameworks. We therefore believe it important to mobilize international mutual cooperation, and in particular support for developing countries in improving their health sectors, building their capacities, benefiting from successful experiences in the field of prevention, and containing non-communicable diseases.

Committed to international partnership in the fight against such diseases, Morocco has endorsed the guidelines of the World Health Organization as defined in its 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases. Morocco has proceeded to implement its national integrated initiative for the prevention and monitoring of non-communicable diseases, with the involvement of local and municipal authorities, various ministries and non-governmental organizations.

To that end, Morocco has enacted several multisectoral policies and strategies, including its national initiative for human development, launched by His Majesty King Mohammed VI in May 2005 and aimed at combating all forms of poverty and social marginalization and at meeting the people's basic needs in marginalized areas. Other initiatives include a national literacy programme, the Green Morocco project to guarantee food security, a national charter for the environment and sustainable development, the Sport for All strategy, and the establishment of a national centre for food safety. All of these initiatives seek to promote healthy lifestyles, counter risk factors, strengthen the capacities of the health-care system, promote the availability of affordable medicines and basic medical coverage, mobilize additional resources through the taxation of tobacco and alcohol products and the implementation of an epidemiological survey of these diseases and their risks, and promote research and development.

The Moroccan experience in the fight against non-communicable diseases has expanded in recent years with the strengthening of partnerships and increased societal awareness. In that regard, the Ministry of Health, with the support of the Lalla Salma Association against Cancer, has developed its national plan for the prevention and control of cancer for the period 2010-2019. The plan, which is based on the World Health Assembly resolution on cancer prevention and control adopted in May 2005, sets out a strategic agenda for the next decade that is based on the efficient and rational use of existing resources to better respond to the needs of patients. The plan also serves as a model for strategies to fight other non-communicable diseases. In addition, the Lalla Salma Association has launched a national plan to fight tobacco use in schools, commercial entities and hospitals.

Morocco has also set up national programmes to prevent and control diabetes and cardiovascular, coronary and respiratory diseases, so as to reduce illness and mortality and improve quality of life for patients and their families.

Against the backdrop of the current difficult global economic situation, Morocco believes that we must coordinate our joint efforts to formulate a collective, coherent and efficient response to combating non-communicable diseases.

On this occasion, the Kingdom of Morocco would like to urge that consideration be given to the idea of establishing a voluntary, sustainable and permanent fund to combat non-communicable diseases and facilitate the implementation of the Political Declaration (resolution 66/2, annex) we have adopted at this meeting. The purpose of such a fund would be to assist developing countries burdened by high levels of non-communicable diseases in implementing the Declaration, including the commitments therein and other challenges.

In that regard, the Kingdom of Morocco reiterates its full readiness to continue to support the tireless efforts of the United Nations. We are prepared to cooperate with all international partners in responding

to the challenge of preventing and tackling non-communicable diseases.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. James Reilly, Minister of Health of Ireland.

Mr. Reilly (Ireland): There is an old saying that your health is your wealth. In Ireland, we put it even more strongly. We say that your health is more important than your wealth. Health, to us, is better than wealth. That saying goes back many centuries; it is a proverb that touches on a global truth. Health is not just an individual issue, but an issue that affects the productivity and economic well-being of nations. This is only the second high-level United Nations meeting on health; and today's Political Declaration (resolution 66/2, annex) is a significant step to mandate action at the highest level.

Historically, the focus has been on infectious diseases. It is only relatively recently that we have come to appreciate the potential of non-communicable diseases (NCDs) to extinguish individual well-being and crush developing economies. When we look at increased longevity in nations such as Ireland, it is easy to attribute that achievement to medical science — easy, but wrong. More than half of those extra years have nothing to do with advances in medicine. They are due to improved living conditions, clean water and better nutrition.

While 50 per cent of the advances have been due to medical advances, a substantial chunk of those are due to vaccinations. The bottom line is that what we describe as interventive medicine has been much less important than is sometimes believed. It is safe to predict that the next great advance will be along similar lines — helping individuals make life-changing decisions about prevention and management. We must make the right thing to do the easy thing to do, because it is in all of our interests, within families, communities and nations.

That is why today is such a landmark step in the process of dealing with the creeping catastrophe of non-communicable diseases, which now account for nearly two of every three deaths per annum worldwide. Every year non-communicable diseases kill 9 million people under the age of 60. It is a major emerging health threat with enormous destructive potential for all countries, and for Ireland.

Our demographics mean that the level of non-communicable diseases such as cancer, heart disease, stroke, respiratory diseases, diabetes and mental health will certainly increase over the next few decades. In addition, the Irish health-care system as it stands simply will be unable to cope with what is coming down the tracks. We are setting out to radically reform the Irish health system so as to guarantee equal access to high-quality health care for everybody in my country. The new system will give access based upon need, not upon ability to pay.

While the first step in this journey is the provision of universal primary health care, a major shift towards greater emphasis on prevention is imperative. We all have a moral, social and economic duty to deal with this creeping catastrophe, especially in developing countries, where we see the most rapid rise in deaths from non-communicable diseases. Those least able to cope with the health demands and consequences of this pattern are suffering, and will suffer, the most.

Prevention is crucial. Approximately two thirds of the predicted disease burden is caused by risk factors that can, and must, be prevented. Prevention is always better than cure. But it is cure that gets the headlines and the investment. People at risk must be identified early, at the level of primary health care. They also need to be treated at that level as far as is possible.

Our guiding principle is to treat the patient at the lowest level of complexity that is safe, timely, efficient and as close to home as possible. Now we are coming to a quite different understanding. We are coming to a new understanding that in any one country, it is not the department of health within a Government that carries the sole responsibility for improving the health of a nation. The departments that are dealing with the environment, transport, education, the workplace and with children all have a huge contribution to make. While intra-governmental cooperation is necessary, today's meeting underscores the need for inter-Government cooperation, if we are to really tackle NCDs.

Ireland, for example, was a world leader in banning smoking in the workplace. That happened despite what seemed to be insurmountable opposition. Our workplaces, including theatres and public houses, changed. In due course, some of our non-communicable

disease statistics will change as a result — not as a result of medical change, but of an environmental one.

Now we need to draw on the lessons of this success when we tackle alcohol misuse, poor diet and lack of physical exercise. At the end of this process, we must have a public health policy that supports and fortifies our capacity for early disease detection, risk assessment, mitigation and control. We have a lot of difficult choices to make, particularly when taking on the various interests that stand in our way. But the health of our people comes first — way before business interests. The threat of non-communicable diseases has the power to smother our social and economic life. The Political Declaration is a significant step in dealing with that threat.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Liow Tiong Lai, Minister of Health of Malaysia.

Mr. Liow (Malaysia): In our pursuit of economic development, we should not lose sight of our nations' health. Despite strong evidence of an ever-increasing burden of non-communicable diseases (NCDs) worldwide, our response has not been proportionate.

Malaysia is extremely encouraged by the leadership of the World Health Organization (WHO) in pushing the NCD agenda forward. Our meeting today marks an important milestone in our global efforts to strengthen NCD prevention and control. In December 2010, Malaysia began implementing a national strategic plan for non-communicable diseases. In order to support the whole-of-Government approach laid out in the strategic plan, a Cabinet committee was formed to promote a healthy environment, with representatives from 10 ministries and chaired by the Deputy Prime Minister. Malaysia sees this committee as a very important vehicle for furthering the policy and regulatory agenda, since responsibility for that agenda belongs chiefly to ministries other than the Ministry of Health. The outcome of the committee's first meeting, held on 4 April, was a commitment from the Ministry of Education to improve screening and intervention for obesity in schools.

The commitments on the prevention and control of NCDs to be made by the Heads of State tomorrow will be a strong advocacy tool that will be used in Malaysia to marshal the support of all related ministries and agencies in promoting the NCD agenda. Learning from the lessons of HIV/AIDS on the strong and positive role to be played by non-governmental organizations (NGOs), we will use the Malaysian Health Promotion Board to further develop and increase the capacity of related NGOs to play a more proactive role, particularly in community-based NCD risk-factor intervention. The lessons we have learned from global and national infectious disease outbreaks include the importance of having a preparedness plan, the need for cooperation and information-sharing between countries and global agencies, and taking advantage of institutional memory to adapt and modify methods that have been used successfully.

World leaders must act immediately and responsibly to deliver key changes in the Political Declaration (resolution 66/2, annex) adopted at this meeting. To that end, I agree wholeheartedly with Ms. Margaret Chan of WHO, who once said that which gets measured gets done. It is important to set clear, measurable and time-bound targets, and we propose that the indicators presented by WHO at its Global Forum and the First Global Ministerial Conference on Healthy Lifestyles and Non-communicable Disease Control in Moscow in April 2011 be incorporated into the Declaration.

The United Nations Political Declaration on HIV/AIDS (65/277) adopted in June also endorsed taking advantage of the important flexibility guaranteed by the World Trade Organization's (WTO) Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) in order to ensure that trade does not violate patients' rights. While the promotion of international trade is important, especially within a rules-based trading system, WTO should provide flexibility, and to developing countries in particular. Malaysia does not want to see the introduction of new generic drugs obstructed and delayed because of various parties' conflicting interpretations of national TRIPS legislation and regulations.

With the growing numbers of people suffering from NCDs, many countries are faced with a huge challenge in the form of providing adequate access to the medicines essential to the management of these diseases. In Malaysia, where comprehensive health care is provided to the people, the use of generic drugs optimizes financial resources and ensures that all cases detected are treated. Malaysia will continue to strengthen the components of its health-care system by raising awareness and encouraging people to come forward for screening. Individuals identified as being

at risk will receive early intervention to prevent diseases and their complications. Although screening will increase health spending, it is more cost-effective than treating diseases later on, when they have developed with complications. This conclusion is supported by the WHO projection that a 10 per cent increase in NCDs results in an annual drop in economic growth of 0.5 per cent.

Malaysia is committed at home and will show its commitment on this global stage in forging a framework from our collective agreements on NCDs.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Simon Power, Minister for Justice of New Zealand.

Mr. Power (New Zealand): Non-communicable diseases (NCDs) represent a major threat to the economy and health of populations in all countries. Death and disability from NCDs have reached epidemic proportions. They push poor people further into poverty. They impede the achievement of the Millennium Development Goals (MDGs). The World Economic Forum ranks NCDs as one of the top global threats to economic development, which is impeded by the imposition of an unmanageable burden on health systems.

New Zealand is confronting the magnitude of the problem not only for our own people, but also among our Pacific island country neighbours. More than 40 per cent of the adult population in some Pacific countries has diabetes. This is projected to double by 2030. NCDs are having a massive impact on those countries' potential for social and economic development.

New Zealand recently hosted the fortieth anniversary meeting of the Pacific Islands Forum, at which leaders expressed concern about the potentially devastating economic consequences of NCDs and their impact on MDG achievement when the region is already struggling to meet the 2015 targets. Rapidly rising expenditure on NCDs is now reaching well over 50 per cent of the total health budget of many island countries. If unabated, NCDs have the potential to undermine four of the main factors driving economic growth: labour supply, productivity, investment and education.

Leaders called for quick and decisive action to address this rapidly unfolding crisis from Governments, the private sector, civil society, regional and international organizations and development partners. New Zealand therefore welcomes the opportunity to focus attention on this regional and global crisis and to consider what can be done.

New Zealand supports the life-course approach to NCDs. This begins at conception. Prenatal malnutrition and low birth weight create a predisposition to obesity, heart disease and diabetes later in life. Improving care, especially primary health care, before and during pregnancy can reduce risk during a child's early and later life. Actively addressing the common risk factors at any stage of life can also reduce the risk of NCD-related illness and death.

NCDs are not just a health issue. They require a whole-of-Government approach and innovative strategies across such sectors as health, education, agriculture, the environment and economic development. In New Zealand, the combined efforts of academia, civil society and Government have, for example, supported multisectoral efforts to reduce harm from tobacco use. Our aim is to have an essentially smoke-free country by 2025. Substantially reducing tobacco consumption will significantly reduce NCDs, with considerable health benefits for individuals and countries. We urge countries that have not yet done so to become party to the World Health Organization Framework Convention on Tobacco Control.

New Zealand remains a consistent supporter of Pacific countries in their efforts to address NCDs, and a contributor to international research on NCDs. We know that the knowledge and expertise to prevent deaths and disabilities from NCDs exists. With this meeting, we now have the political commitment to those solutions. New Zealand stands ready to maintain the momentum generated by this meeting. Averting the NCD crisis is essential to ensuring that present and future generations have the chance to live long, healthy and productive lives.

The Acting President (*spoke in French*): I now give the floor to Her Excellency Ms. Fatima AlBeloushi, Minister for Health of Bahrain.

Ms. AlBeloushi (Bahrain) (*spoke in Arabic*): It is the pleasure and honour of the Kingdom of Bahrain to participate in this High-level Meeting on the Prevention and Control of Non-communicable Diseases (NCDs).

Over the decades, Bahrain has succeeded in eradicating many non-communicable diseases. It is thanks to prevention policies that we have been able to eliminate almost all childhood diseases through vaccination programmes that provide 100 per cent coverage against measles, mumps and rubella. The vaccination rate for polio and other childhood diseases has reached 96.4 per cent. We have succeeded in implementing the Millennium Development Goals on health. Child mortality was reduced to 7.2 per 100 births in 2009, and in the same year we had only six maternal deaths.

Like other countries, Bahrain monitors changes in NCDs. In 2010, 16 per cent of NCD deaths were due to cardiovascular diseases and 13 per cent to tumors. Increased national screening for 19- to 65-year-olds in 2007 has shown that 14.3 per cent of the population has diabetes. Those who suffer from high blood pressure account for 38.2 per cent of the population and from high cholesterol, 40.6 per cent. The overweight are 32.9 per cent of the population. Studies have shown that the percentage of smokers among those people in Bahrain is just over 19.9 per cent.

We are currently working on a new national screening programme for 2012 with a view to addressing the current situation with respect to NCDs. We have adopted the international prevention and control strategy and included it in our Government's list of priorities. We have established a plan of strategic objectives through 2030, which aims to preserve the nation's health by strengthening preventive measures and care.

We have three major initiatives under way. They are intended, first, to strengthen the health-care system via prevention, early screening and national policies for the fight against NCDs and chronic diseases, and also the promotion of healthier lifestyles. We have set up a council for strengthening health care, with the participation of municipalities and provinces. Our Council of Ministers has set up a national committee on the prevention of NCDs, with all concerned stakeholders participating.

With regard to risk factors, we have adopted empowerment policies with a view to stopping consumption of tobacco products. This is being carried out in conjunction with the World Health Organization Framework Convention on Tobacco Control. We have also taken measures to prohibit the advertising of tobacco in all media and have banned smoking in all closed places. We have also adopted a nationwide strategy on diet and physical exercise. We are establishing partnership initiatives across the country with municipalities and provinces and civil societies to fight NCDs.

We have also looked at and identified the needs of society in the area of the prevention and control of NCDs. We have set up 23 clinics and primary care services and early-screening centres across the Kingdom specializing in NCDs and chronic diseases. This is in addition to opening clinics for healthy people and their early screening.

In regional partnership initiatives, we are working with the regional office for the Middle East with a view to implementing a regional strategy on NCD prevention. We started working with our partners in the Gulf Cooperation Council last January with a view to developing a joint Gulf plan on the prevention of NCDs. All this is set out in the Manama Document adopted in 2011. It has seven strategic objectives and benchmarks, and the Gulf countries are implementing a mechanism for annual review and follow-up of those objectives.

The global scourge of non-communicable diseases is one of the main threats to development in the twenty-first century. NCDs have a harmful impact on the economies of many countries and hinder the implementation of the Millennium Development Goals. They do not affect only individuals and societies; they affect health-care systems more generally. Therefore, we would like to reiterate the importance of the content of the document adopted, as well as the importance of national Governments and their efforts to address NCDs and the importance of including relevant governmental and non-governmental stakeholders and sectors in the fight against NCDs. There is also an important regional and international role in the sharing of successful experience, enabling legislation and building capacity so as to arm ourselves with the requisite mechanisms for addressing NCDs.

If we are to succeed in our fight against non-communicable diseases, we need an evaluation and monitoring mechanism. Therefore we need to adopt an international framework for follow-up and evaluation based on an implementable set of regional, national and international benchmarks.

Finally, Bahrain wishes to reiterate its full support for the document adopted by the High-level Meeting (resolution 66/2, annex). Please be assured that we will work assiduously in all areas to fight against non-communicable diseases.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Talalelei Tuitama, Minister for Health of Samoa.

Mr. Tuitama (Samoa): I bring greetings to this Assembly from the Government and people of Samoa. Samoa congratulates the United Nations on the inclusion of non-communicable diseases (NCDs) in the agenda of its 2011 General Assembly. The evidence of the devastation caused by NCDs to human health worldwide is well documented. This can no longer be ignored as NCDs have a negative impact on development at all levels.

Small island countries like Samoa make up the Blue Continent in the South Pacific. The Blue Continent rises up from the vast blue ocean that surrounds us, which over the years has provided unlimited fishery resources that are beneficial to many countries of the world. Yet the small Pacific island countries themselves are challenged by limited opportunities and the increasing fragility and vulnerability of resources due to global economic crises and environmental degradation, which disrupt proactive efforts to promote and sustain good health, not to mention the huge efforts being made to manage and control NCDs.

Non-communicable diseases have reached a crisis level, heralding a major health and development emergency in our part of the world. For Samoa, it is our topmost health priority as it affects our population, including those in younger age groups, at an alarming rate. Twenty-three per cent of Samoan adults aged 25 years and older are diabetic, 21 per cent are hypertensive, and the percentage of the population that is obese, with its attendant health risks, stands at more than 50 per cent. The direct link between NCDs and the leading causes of morbidity and mortality in Samoa are therefore clear and undisputed.

Over the past two decades, Samoa has responded by putting legislation in place to minimize risk factors. Currently, we are finalizing the content of a 2011 food bill that will help control the incoming flow of cheap and non-nutritious junk food. We are consistently developing, implementing and reviewing relevant policies to help Samoa with lifestyle issues. We are doing the same with our NCD policy, which provides strategic direction for programmes to prevent, control, eliminate and minimize the devastation of NCDs and their related disabilities.

The Samoan Government has embarked on an integrated whole-of-country, one-health approach, premised on the principles of health promotion and primary health care, to dictate and give direction to our prevention programmes. Political support is strong, with the engagement of parliamentarians through a parliamentary advocacy group for healthy living that is chaired by the Speaker of the Legislative Assembly and whose members include Cabinet ministers and parliamentarians. Another high-level political group with the same focus is a women in leadership group advocating for health, which is led by women parliamentarians.

The high incidence of NCDs contributes to the vicious circle that impedes the ability of small island developing countries like Samoa to raise and sustain its levels of social and economic development. But we are determined to put our people's health at the centre of our trade and economic policies. We are committed to ensuring that the social determinants of health are central to all development efforts. After all, development is for the people and future generations, and not the other way around.

For many years now, we have continued to manage NCDs through diagnosis and treatment within the constraints of our health system and limited resources, which is becoming quite expensive and may soon become unsustainable. That is why the Government has pledged a stronger commitment to continuing to promote healthy living and health protection at the national level.

The year 2011, as the year of NCD advocacy, saw the launch a month ago of a bilateral initiative between Samoa and our sister country American Samoa. The outcome was a joint NCD prevention and control agreement to address the situation on our islands. The statement urges our two Governments to declare the current NCD epidemic a national health and development emergency. Continuing to strengthen health systems through health promotion and primary health care was identified as one of the critical areas to address immediately.

At the regional level, and in collaboration with the World Health Organization and the Secretariat for the Pacific Community, we are engaged in the implementation of regional programmes to control and minimize the devastation that NCDs wreaks on health and development in our Pacific island countries. Samoa collaborates with many Pacific island countries to revitalize the 1995 Ministerial Declaration on healthy islands, which translates into practical terms the settings approach for healthy lifestyles in communities, schools, marketplaces, workplaces and churches. These two approaches to health are for us both doable and affordable, given our limited resources. These approaches are multisectoral and help to increase the participation of everyone, including those outside the realm of the health sector.

The road ahead for us to reverse the NCD epidemic is arduously long, challenging and overwhelming. This is inevitable, as most of the social determinants responsible for the growth of NCDs in our country are outside the health sector's control or imposed on our country by exogenous factors. The incidence of NCDs is no longer just national, region-specific or a concern merely of the developing world. It is a global epidemic requiring global action. Piecemeal approaches are doomed to fail. Doing nothing will only aggravate the situation. We therefore call on the United Nations to recognize, support and help fight this epidemic.

Samoa supports the long-term vision of achieving the eight Millennium Development Goals, which will eventually eliminate global poverty. We strongly feel, however, that the Millennium Development Goals will not have fulfilled their purpose unless we recognize and address the threat posed by the NCD epidemic that is now killing over half of the world's population and thus perpetuating poverty.

The most vulnerable are the poor living in the developing and underdeveloped countries of the world. For the most part, they are the voiceless victims of industrial, trade and economic policies, which often fail to include health and well-being concerns and instead focus only on financial gain for a few at the cost of the early and painful deaths of many.

In conclusion, Samoa adds its voice to urge the United Nations to consider non-communicable diseases as included in Millennium Development Goal 6, where it refers to the reduction of diseases. With such enhanced emphasis and focus, the devastation of NCDs and the threat to our people will finally be recognized as one development issue that must be accurately streamlined into the social, political, cultural and economic development efforts of all nations.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Yakov Litzman, Minister for Health of Israel.

Mr. Litzman (Israel): The human race has made great strides in the past century. Life expectancy has doubled owing to miraculous medical achievements and the ability of our health systems to diminish the threat of infectious diseases. With this rise in life expectancy, our health systems are faced with a new challenge today: an alarming rise in non-communicable diseases (NCDs). Today, NCDs represent 80 per cent of the burden on global health services and 60 per cent of the global mortality rate.

NCDs are a global issue. Combating NCDs does not lie only within the jurisdiction of independent health ministries; it also demands collaboration within our countries, across different sectors. It requires the combined efforts of the private and public sectors and the active participation of civil society and the media. Finally, it requires significant collaboration between countries.

Like all countries in the world, Israel has felt the devastating pain of NCDs and wants to be a part of the solution.

Studies have shown that the morbidity and mortality of NCDs are not equal among all sectors of our society, which includes citizens from over 90 countries. Therefore, we must strive to provide the best possible service to all people within our society, be they Jews, Muslims or Christians.

The Government of Israel has enacted a number of policies to promote awareness of early detection and to find cures to diseases that currently have none. Israeli scientists have gained a reputation for their cancer research, which is widely shared in the international scientific literature.

My Ministry has introduced immunization against hepatitis B. That programme has helped to reduce the morbidity of the disease and diminish its deadly side effects, such as liver cancer. We have also introduced immunization against the human papilloma virus in girls and young women, which will reduce the

morbidity of cervical cancer. More than 70 per cent of women aged 50 or over are screened for breast cancer, a disease that affects approximately one in eight women in Israel. New cutting-edge technologies for prevention, screening, diagnosis and treatment of NCDs have been added to the services provided by the National Health Insurance Law.

Israel's commitment to fighting NCDs is also reflected in its wide range of partnerships throughout the developing world. For example, MASHAV — Israel's agency for international development cooperation — and Insulin for Life Australia recently donated medical supplies to Tonga for the treatment of diabetes. MASHAV is also leading the fight against neglected tropical diseases in Ethiopia, where it is facilitating groundbreaking workshops on de-worming.

We must effectively deal with the causes of these diseases before we turn our sights towards their possible cures. We must galvanize the public behind this cause. We must promote better nutrition, educate our people about the effects of alcohol and tobacco use, and work to diminish environmental pollution.

As it is written in the Holy Bible, these commandments are not in heaven. God has given us the opportunity to lead our people, especially our young people, to better health. Investing in this cause and putting NCDs on the national and international agenda help to ensure a brighter future for all of us. Israel looks forward to working in collaboration with our neighbours and countries all over the globe on this crucial issue.

Allow me to end with an expression of hope and prayer. An Israel Defense Forces soldier, Gilad Shalit, kidnapped by terrorists, is being held by force in the Gaza Strip. Two weeks ago we marked his birthday, his fifth in captivity. Not a single person has been allowed to visit this boy for more than 1,900 days. Not his parents. Not a doctor. Not even the Red Cross. We are all responsible for the lives and well-being of our citizens. I issue a call from this Hall to all countries of the world: let Gilad Shalit go free! The international community must do all in its power to bring Gilad home.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Sabyrbek Djumabekov, Minister for Health of Kyrgyzstan.

Mr. Djumabekov (Kyrgyzstan) (*spoke in Russian*): The Kyrgyz Republic welcomes the report of Secretary-General Ban Ki-moon on the prevention and control of non-communicable diseases (A/66/83).

We note with concern that in the Kyrgyz Republic, as in many countries, non-communicable diseases (NCDs) are the leading cause of morbidity and premature death among the population. Cardiovascular disease is the leading cause of death in Kyrgyzstan. There is a rising incidence of malignancies, which have become the third leading cause of death in the country. Moreover, since 2000, the incidence of type 2 diabetes in the Kyrgyz Republic has increased by 72 per cent. High blood pressure is one of the most widespread diseases in Kyrgyzstan. Epidemiological data show that more than 20 per cent of the country's population — more than one million people — suffer from hypertension.

Unfortunately, I must note that the Kyrgyz Republic is one of the countries in an unsatisfactory epidemiological situation as far as cancers are concerned. Recent population mortality data show that cancers are one of the leading causes and have a social and economic impact on society. In 2010, general mortality from cancer in the Republic was more than 50 per cent, while in the capital, Bishkek, it was 60 per cent.

We have studied the epidemiology of non-communicable diseases and their incidence among the working-age population. We are planning to conduct a joint comprehensive international epidemiological survey with the participation of foreign scientists from India, Kazakhstan and Russia.

Since 2009, we have taken a set of measures to improve the quality of oncology services, with emphasis on the early detection and prevention of malignancies. Among the most promising developments are the projects along the lines of the International Atomic Energy Agency.

The tobacco epidemic is spreading, especially among young people and women. According to the global survey on tobacco smoking, about 20 per cent of students in Kyrgyzstan from 13 to 15 years of age have already tried smoking, and half of them have become regular smokers. Given the high level of morbidity and mortality from respiratory diseases, a nationwide smoking-prevention programme has been set up through the mobilization of rural health committees. So

as to prevent NCDs in Kyrgyzstaa, specific efforts are under way to raise patients' awareness regarding primary and secondary prevention of cardiovascular diseases through the provision of booklets on measures to counter NCDs.

In view of the swift proliferation of NCDs, we have deemed it timely to implement, as a matter of priority, a comprehensive prevention programme and national strategies in the area of health care. It is hoped that these projects will have a significant impact on lifestyles and the spread of risk factors, leading to a lower incidence of cardiovascular and other diseases.

In order to ensure a comprehensive approach to the strengthening of the health-care system on the basis of primary medical care, there is a need to provide, at all levels, adequate training for medical personnel and to strengthen national capacities. In that connection, I call on all of our potential donor partners to increase their investment in measures aimed at the prevention of NCDs.

The Acting President (*spoke in French*): I now give the floor to The Honourable Leona Aglukkaq, Minister of Health of Canada.

Ms. Aglukkaq (Canada): The Government of Canada is concerned about the rising rates of chronic diseases, which are the leading causes of death in Canada.

The Political Declaration (resolution 66/2, annex) puts a priority on prevention; we have already done this in Canada. Last fall, Canada's health ministers endorsed a declaration on prevention and promotion. We are committed to promoting healthy living, preventing disease and reducing health disparities.

Individuals can make healthier choices in their everyday lives to reduce their risks, but we know that promoting good health is everyone's business. That is why solutions should involve a broad base of partners such as non-governmental organizations, all levels of Government and different sectors whose activities have a bearing on health.

Canada is taking action in many ways. We have created a strong environment favouring the reduction of smoking in Canada. Our results are impressive. Canada's smoking rate has dropped from 25 per cent in 1999 down to 17 per cent. That is a historic low for Canada.

Canada's federal, provincial and territorial Governments are concerned by the rising rates of overweight and obesity, particularly among Canada's children and youth. One in four children is affected; we must reverse the present trends. To help with this, we are looking to partner with organizations, including the media, to promote messages of healthy eating and living.

The Government of Canada also continues to make significant investments to address non-communicable diseases (NCDs) in our indigenous populations. We hope that we can share our experiences and learn from others to make meaningful progress.

In the area of mental illness, Canada is pleased that the language in the Political Declaration recognizes the linkages between mental and neurological disorders and NCDs.

The desire to alleviate human suffering is enough reason to increase our efforts to curb NCDs. However, they also cost the Canadian and global economies billions and billons of dollars every year. These are challenges that we in Canada will solve as a society and as part of the global community. Prevention must be the foundation for our action on NCDs, both domestically and internationally.

The Acting President (*spoke in French*): I now give the floor to Her Excellency Ms. Anne-Grete Strøm-Erichsen, Minister of Health and Care Services of Norway.

Ms. Strøm-Erichsen (Norway): Prevention is key in the fight against non-communicable diseases (NCDs). We know that preventing chronic diseases is a great investment for the benefit of people and the economy. If we do it right, the prevention of NCDs will contribute to economic growth and reduce social inequalities in health within and between countries.

In order to prevent NCDs, national Governments must take the lead. Risk factors such as tobacco and obesity must be addressed, using policy instruments at the population level. National health systems must be strengthened. But an effective strategy does not rest with the health sector alone; cross-sectoral action is needed in order to respond effectively to the NCD challenge. We need active involvement on the part of the urban planning, finance, industry, trade, education, culture and agriculture sectors.

We need to pay close attention to different stakeholders' roles with regard to NCDs. That is why Norway has included two members of civil society in our delegation to this meeting.

We know from experience that setting targets and goals is useful in order to achieve progress. "What gets measured gets done", as many speakers have noted in their statements. In this regard, the World Health Organization (WHO) plays a leading role. Through WHO, we must develop targets, indicators and a monitoring framework for countries to apply in their national settings.

Reducing tobacco consumption is one of the most efficient measures to prevent NCDs. The tobacco industry has taken legal action against a number of parties to the WHO Framework Convention on Tobacco Control, including Norway. This is unacceptable. No party to the Convention should allow the tobacco industry to intimidate us in fulfilling our legal obligations to protect public health.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Philippe Courard, Secretary of State for Social Integration and the Fight against Poverty of Belgium.

Mr. Courard (Belgium) (*spoke in French*): Belgium would like to stress certain important factors in the framework of the combat against non-communicable diseases (NCDs).

Given the increasing attention paid to the issue of non-communicable diseases, we must begin to think in different ways about our health-care policies. That will not be just a matter of adapting health-care systems, but will involve taking health into account in all policies.

We deem it crucial to reflect on the future role of ministers of health in the management of the health-care sector. We must take a visionary approach and advocate for health where, unfortunately, it has not yet been taken into account. Health is not just a budget item but a proven and significant factor in promoting economic growth, even as it has its own particularities and values.

We should also remodel our health systems, where compartmentalization is increasingly problematic. Non-communicable diseases, which often require long-term care and better coordination among health professionals, represent a significant challenge to those systems.

Primary health care, including the family doctor, should have a central role. To that end, it is not a matter of specific new investments to tackle the problems. Rather, there should be an internal reorganization that relocates the comprehensive, multidisciplinary and long-term care for the patient to the primary health-care level. That will not only allow us to streamline care that is often dispersed throughout various different programmes, services and institutions, but will also assure the patient access to basic, quality care.

Political action should be guided by good practice and good policy with regard to those who are ill. This requires an integrated and societal approach that goes beyond the limits of health-care systems. Patients should be involved in the treatment of their diseases. We should commit to increasing the autonomy of patients so they can define their objectives, especially in cases of multimorbidity, where a narrow biomedical approach is no longer justified.

Inequalities in the field of health are also a major issue. We notice, for instance, that in the so-called rich countries, those most affected are the people with a low income. Chronic diseases, such as non-communicable diseases, are the main cause of health expenses, which are often difficult for patients to bear. For that reason, and in this time of financial crisis, we have to pay particular attention to that fact and make special efforts to fight those inequalities with regard to health. The health-care system should be a unifying factor and not a force for marginalization. The fight against inequalities should be a key element in all of our strategies in this context. We should assure ourselves that these policies contribute to the reduction of health inequalities.

We should focus on early, proactive and effective interventions, on secondary prevention, on access to affordable care, and on the implementation of new care models, particularly in the field of primary and community health care. I would therefore like to appeal to all countries to engage in the battle against non-communicable diseases and to formulate their own policies on the issue, centring them on the patient. The principle of "health in all policies" should be applied here. In other words, we should connect all parties involved, across all sectors.

It is important that we put in place initiatives in the field of prevention and innovative health care that bring an added value. Only global strategies that combine prevention, the patients' experience, the excellence of doctors, innovative research and the support of public authorities will allow us to mobilize an effective fight against non-communicable diseases.

The meeting rose at 6.25 p.m.